

Name
in
Full

Katherine Bearcamp

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Edu. Bearcamp			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	64	How long
Immediate	G. W. Bill	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	Moanotain, Md.
Accident or Suicide?		



L. W. Landen

Landenville

Md

Frank Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Almo House Princess Anne</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>5</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary Paranoic condition (?) (68) How long
17 yrs.

Immediate Psychia c. insanity How long
Several weeks

Are the name, age, sex, color, date and place correctly given above?

yes

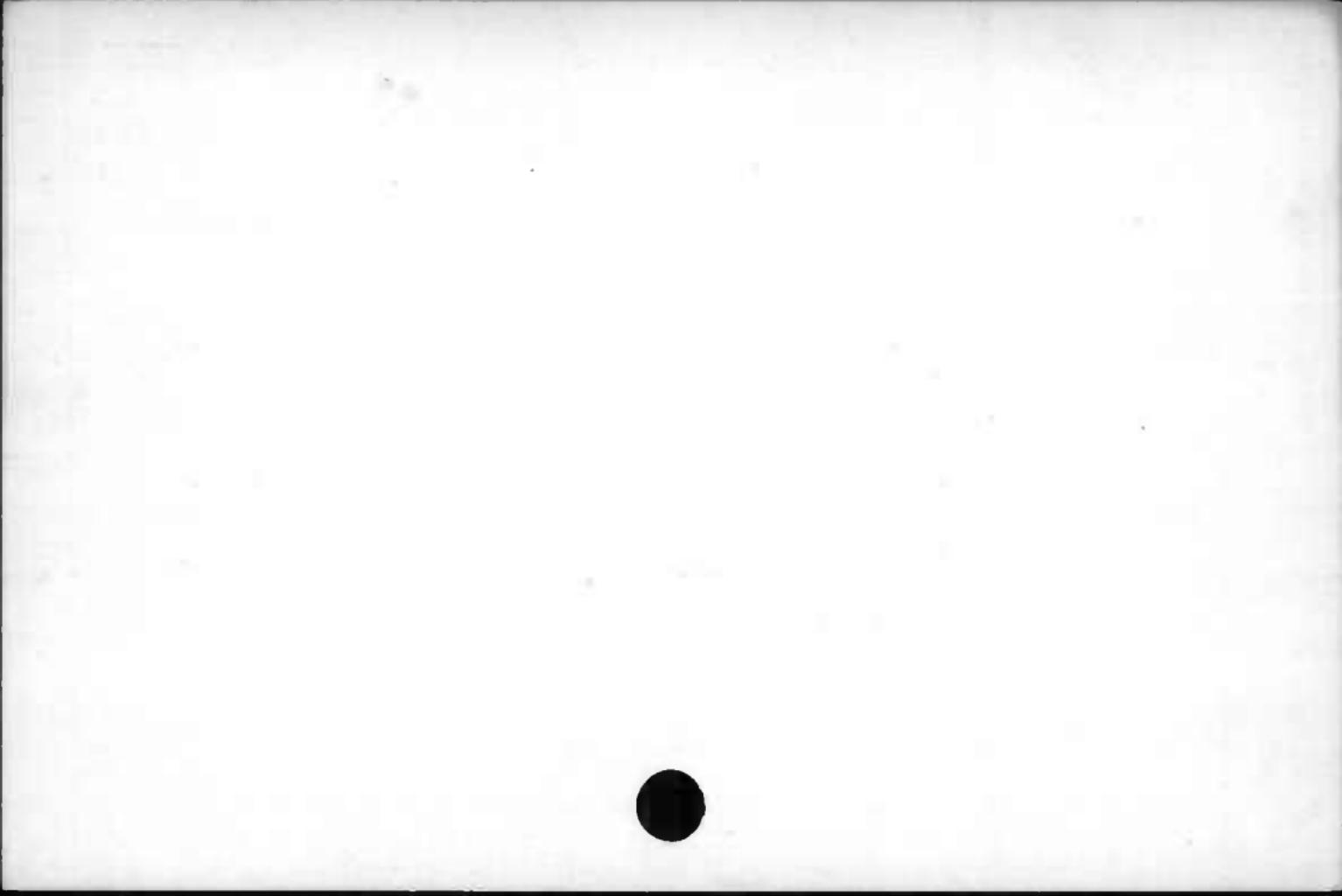
Signature of Physician

Leviast. Fisher M.D.

Address

Princess Anne, Md.

Accident or Suicide?



Irene Elsie Cannon

Town

County

Died ~~at~~ near Princess Anne ~~Severn~~ ~~Severn~~

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 06

March 8

Age 28

Maryland

~~White~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband of _____

Wife _____

Father's Name

Mother's Maiden Name

Sarah Cannon

Cause of

Primary

Pneumonia

How long sick

Immediate

Toxaemia

2 days

Death

(93)

Accident, Suicide, Homicide

Reported by

Henry M. Lankford M.D.

Address

Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lucy N Ennis

CERTIFICATE OF DEATH

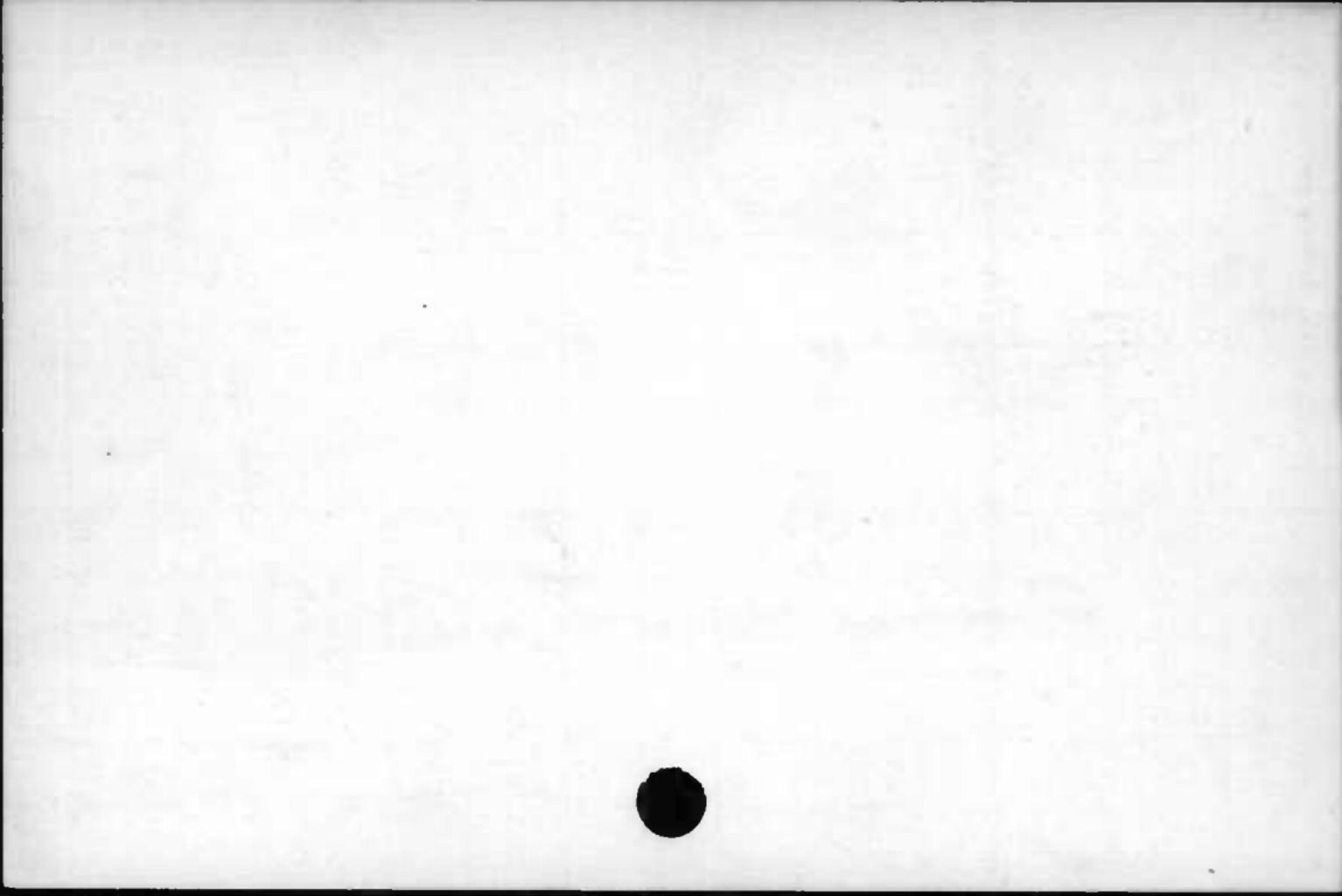
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bethelworth	Somerset	Months	Days	
Date of death	1906	Month	11	Years	
Age	72	Color or Race	White	Birth-place	Virginia
Sex	Female	Occupation	Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Husband	Oscar Ennis		
Father's Name	Lewin Lane			Father's Birthplace	Da
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Two Years
Immediate	Childbirth & Diarrhoea		How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. F. Steel	
		Address	Crisfield	
Accident or Suicide?				



Name
in
Full

William J. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month March	Day 20 th	Years 76	Age	Months — Days —
Sex	Male	Color or Race	White	Birth-place	Mar Glouc	
Occupation	Ship Carpenter		Where Residing if not at place of death	Deal Island		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Evans			Father's Birthplace	Deal Island	
Mother's Maiden Name	Sally Evans		64	Mother's Birthplace	Deal Island	
Name of person giving information	Daughter Eva Shores			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage (Probly) 30 min.

Immediate

Are the name, age, sex, color, date and place correctly given above?

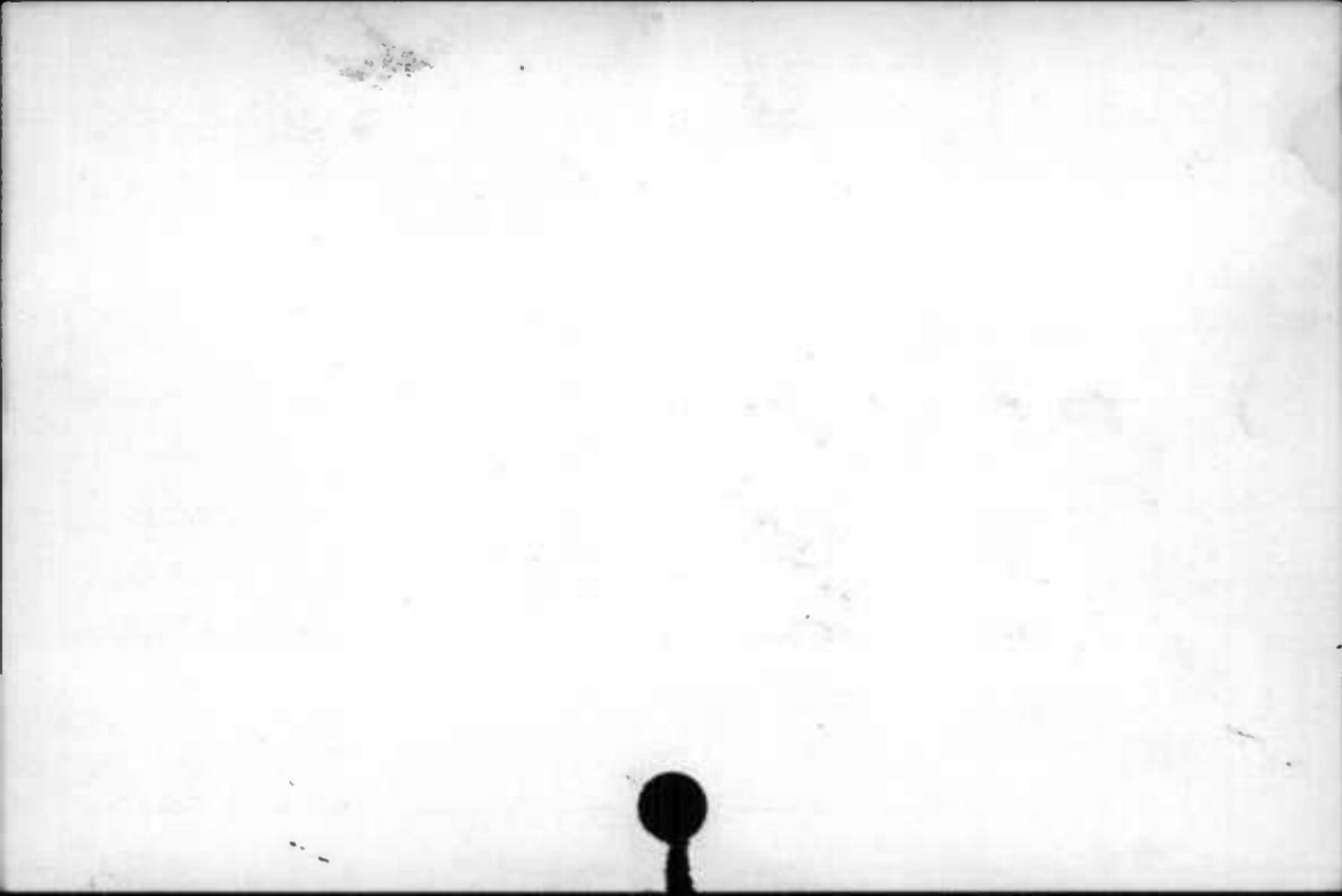
yes

Signature of Physician

H. G. Alexander
Edmund C.

Address

Accident or Suicide?



Name
in
Full

Littleton Sandy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Princess Anne		Town Somerset		County Maryland	
Date of death 1906	Month Mch	Day 11	Age	Years	Months Days
Sex Male	Color or Race Black	Birth- place Md			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

29

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tubercular Enteritis Peritonitis	How long About 6 mos
Immediate	Intestinal Haemorrhage from ulcer	How long About 15 mins.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

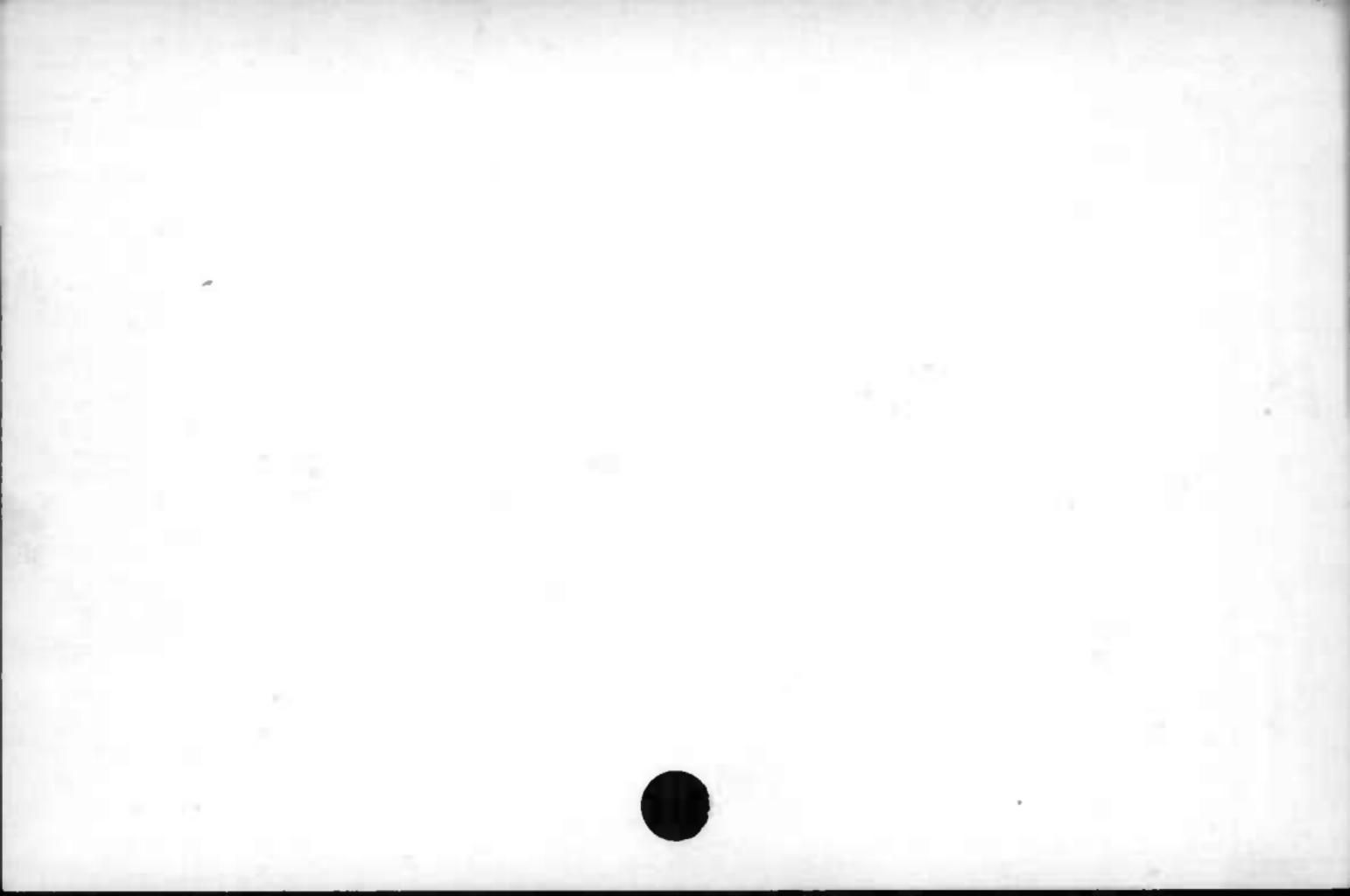
Charles T. Fisher, M.D.

Autopsy 3/16

Address

Princess Anne, Md.

Accident or Suicide?



Daniel Webster Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Domestic Ave</u> / <u>Town</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>25</u>	Years <u>-</u>	Munths <u>6.</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Henry Jackson</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>George Carroll</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Henry Jackson</u>	How related to deceased <u> Father</u>				

CAUSES OF DEATH

Primary

Bronchitis90

How long

2 wks

Immediate

Asthma

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

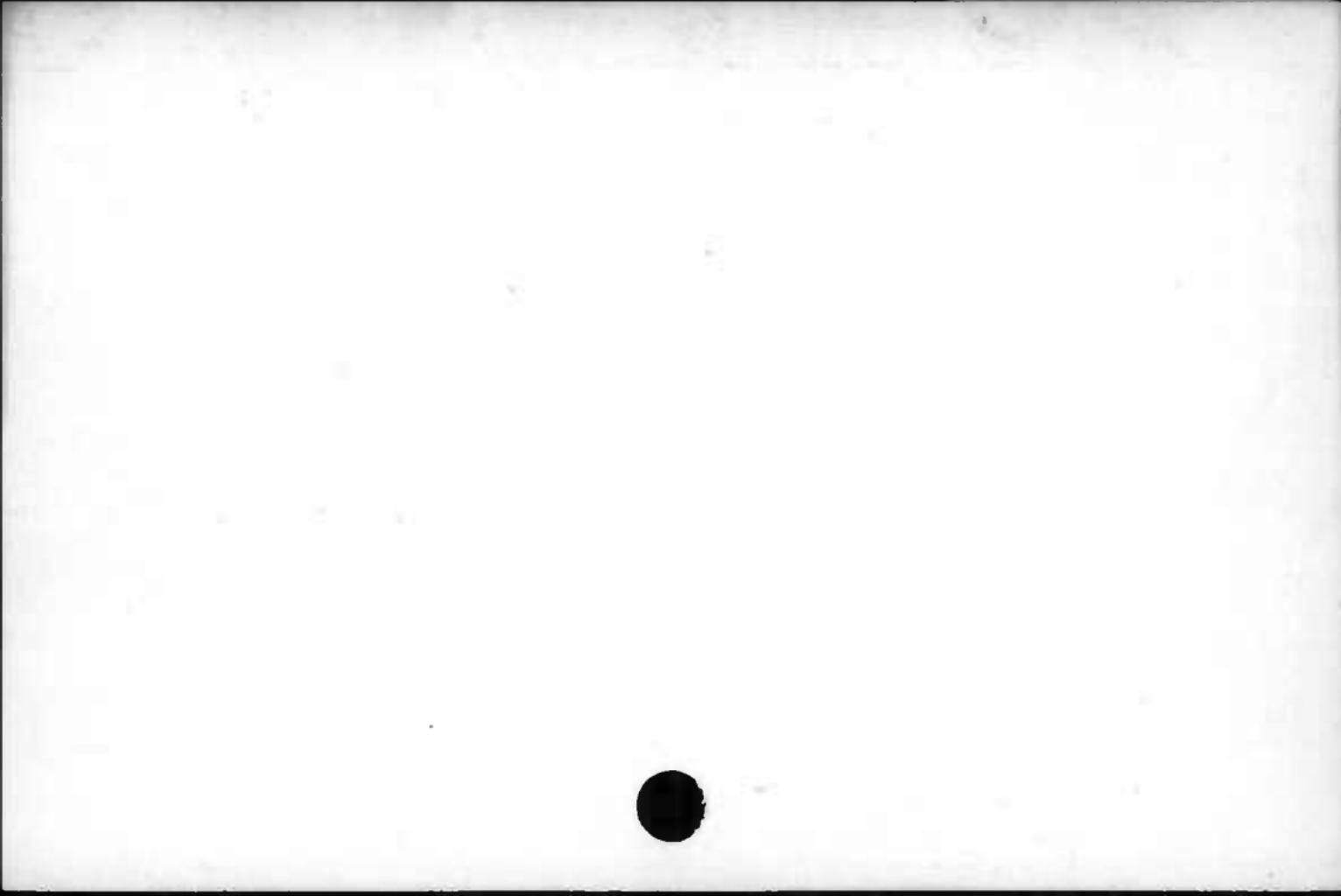
Signature of Physician

Chas. Jackson, M.D.

Address

Domestic Ave,Md

Accident or Suicide?



Name
in
Full

Ado. P. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at mt vernon		Town		County		MARYLAND	
Date of death	1906	Month	3	Day	8	Years	1
Sex	female	Color or Race	colard	Birth-place	mt vernon		
Occupation				Where Residing If not at place of death	Mt. Vernon		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Ernest Jones			Father's Birthplace	mt vernon		
Mother's Maiden Name	Virginia Waters			Mother's Birthplace	mt vernon		
Name of person giving Information	Ernest Jones			How related to deceased	Father		

CAUSES OF DEATH

Primary

brong

⑨

How long

1 day

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. Woshell
undertaker
Mt. Vernon Md

Accident or Suicide?

H. B. Munroh

Moris Jones

3/18/17

CERTIFICATE OF DEATH

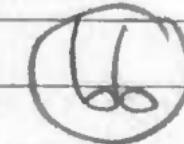
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	3	29	45	45	1	17	
Sex	Male		Color or Race	colard			
Occupation	Farmer		Where Residing if not at place of death	Mt Vernon			
Married, Single or Widowed	Married		Name of Wife or Husband	Kate Jones			
Father's Name	Moses Jones		Father's Birthplace	Mt Vernon			
Mother's Maiden Name	Lilyje birted		Mother's Birthplace	Rockville			
Name of person giving Information	John Jones		How related to deceased	Brother			

CAUSES OF DEATH

Primary

Paralysis



How long

2 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

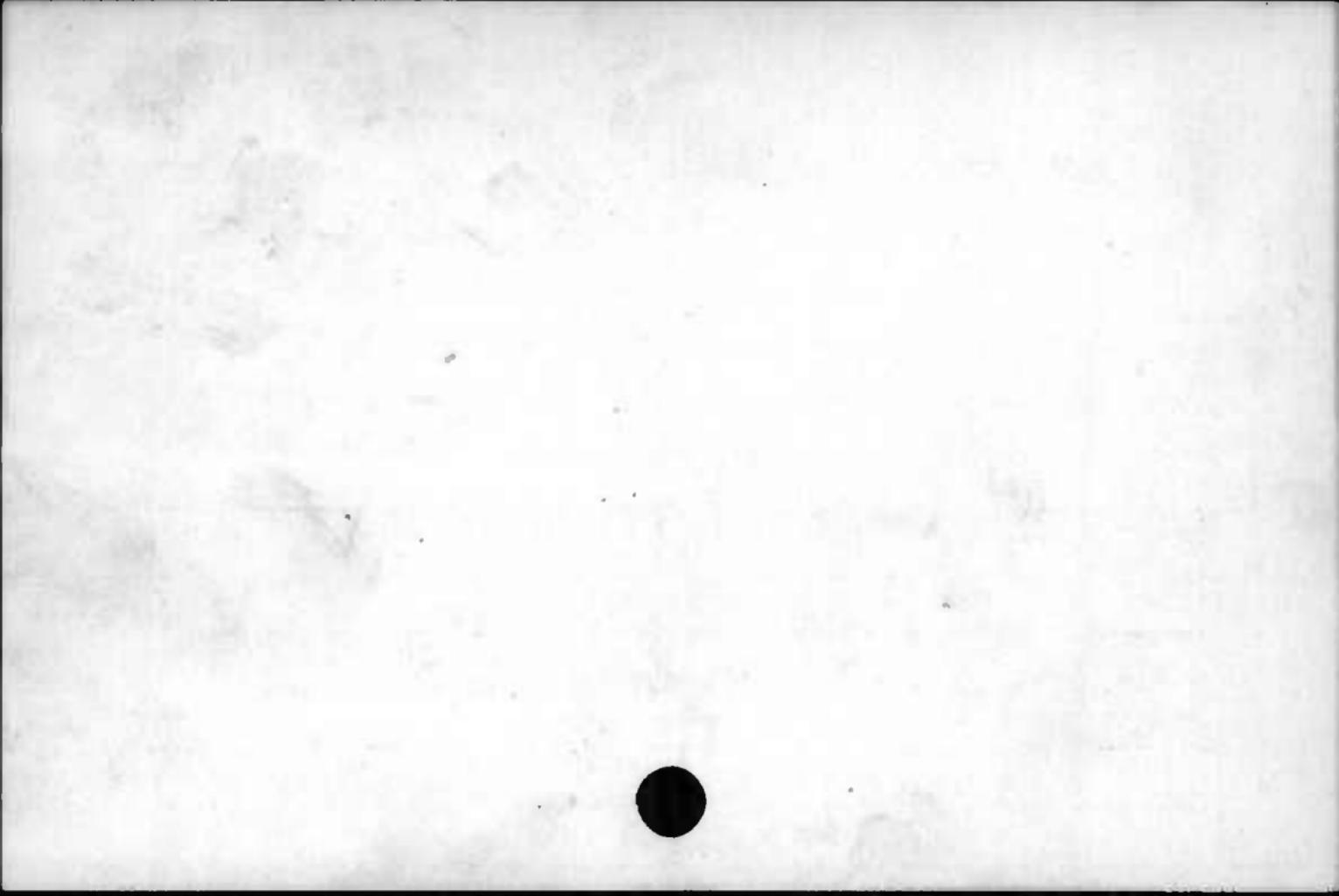
John Darfield

Address

Bendleton

Accident or Suicide?

Mt. Vernon Md.



Name
in
Full

Elizabeth A. Milligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	16		
Occupation	Where Residing if not at place of death			Maryland	
Married, Single or Widowed	Name of Wife or Husband	Washington Milligan			Md.
Father's Name	John Tull.			Father's Birthplace	
Mother's Maiden Name	Jane Tull. (4)			Mother's Birthplace	"
Name of person giving information	Washington Milligan			How related to deceased	Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	6 anes of Platum	How long	about 2 yrs
Immediate	General prostration	How long	about 2 yrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. N. Gunby M.D.
		Address	Grisfield
Accident or Suicide?			Md.



Name
in
Full

Elna Thomas Nutt 3/8/1911 CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND			
Died at	Somerset					
Date of death	Month	Day	Years	Months	Days	
1906	Mar	26	1	8		
Sex	Color or Race	Birth-place				
Female	Colored	Princes Anne				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Emma Nutt				
Father's Name	J. Ephriam Nutt					Father's Birthplace
Mother's Maiden Name	Emma King					Mother's Birthplace
Name of person giving information	Emma Nutt (B)					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Reunited

James D. Dennis
Under Paken

How long

Immediate

How long

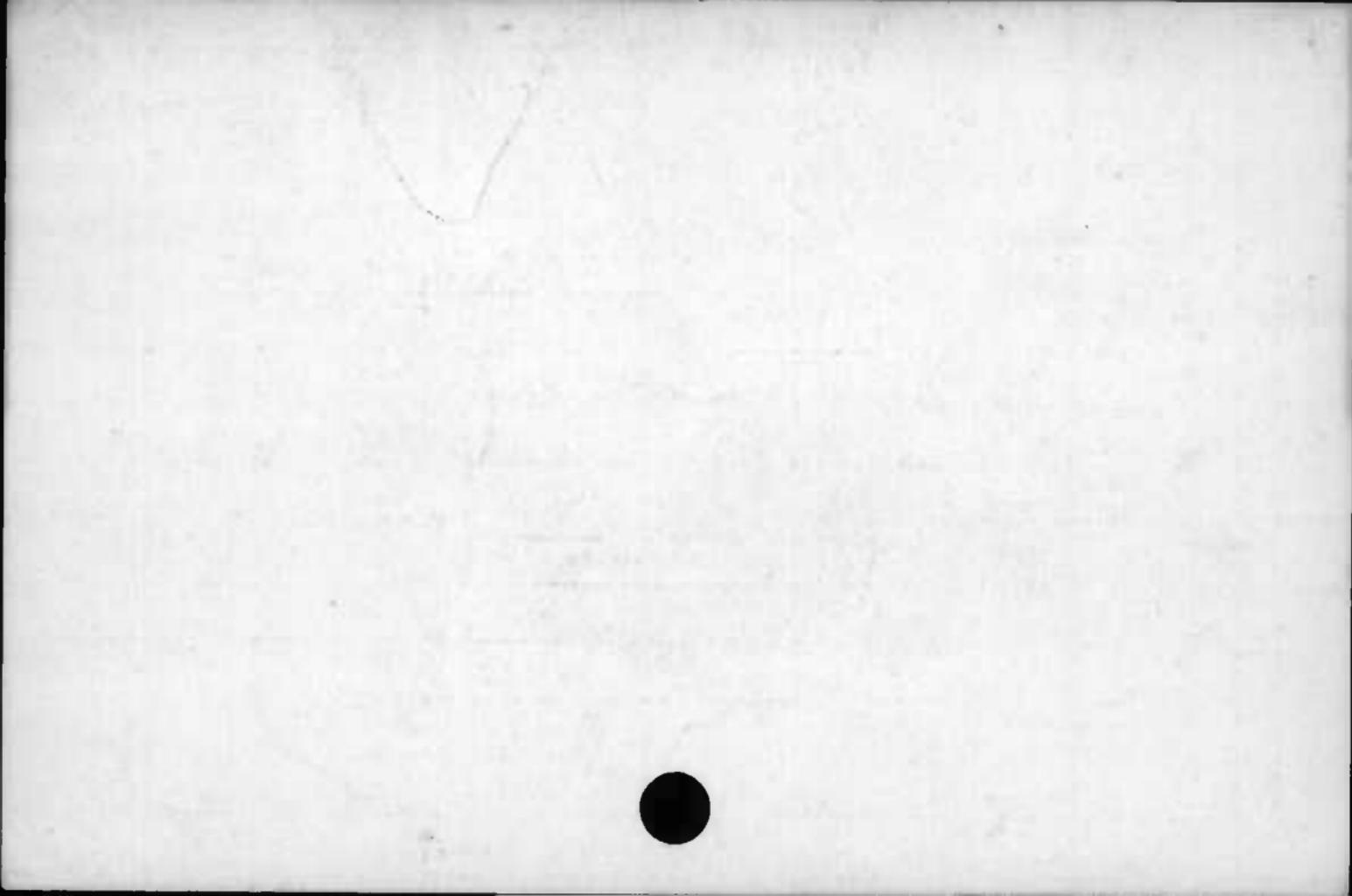
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Princes Anne
MD

Accident or Suicide?



Name
in
Full

David Stirling
Crisfield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND.

Died at	Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
Sex	Mate	Color or Race	Age	Birth-place	Wk
Married, Single or Widowed	Widower	Occupation	Retired Sailor		
Name of Wife or Husband	Dont know				
Father's Name	Dont know				
Mother's Maiden Name					
Name of person giving information	J. F. Jones				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheusoy

94

How long

6 mos

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. F. Jones
Crisfield

Accident or Suicide?

No



Name
in
Full

Leonidas Stirling

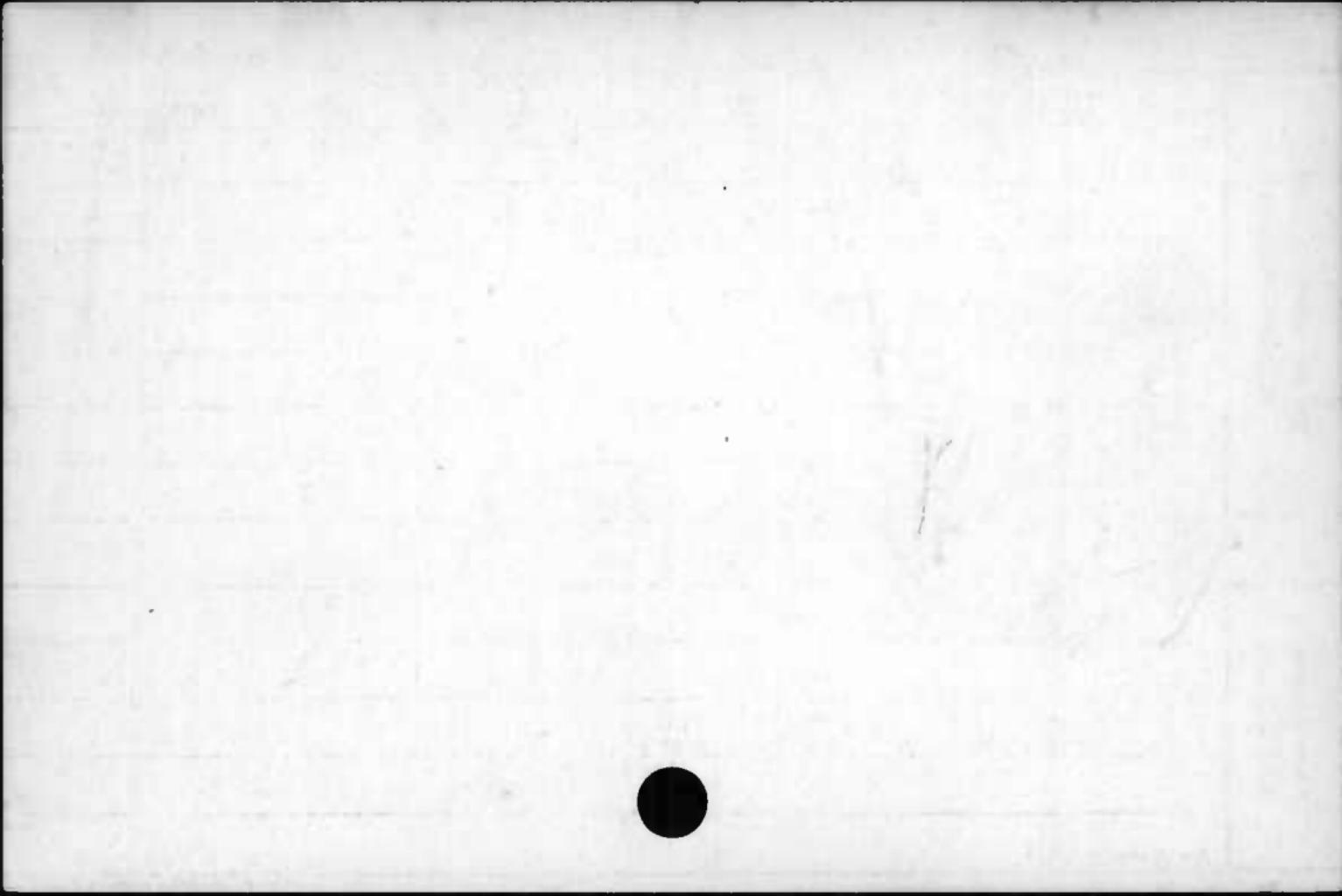
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sauvia</u>		Town		County <u>Somerset</u>		MARYLAND	
Date of death 1906	Month <u>March</u>	Day <u>31</u>	Age <u>53</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>					
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>						
Name of Wife or Husband <u>Melissa</u>							
Father's Name <u>Christopher Stirling</u>	Father's Birthplace <u>Md</u>						
Mother's Maiden Name <u>Mary</u>	Mother's Birthplace <u>Md</u>						
Name of person giving information <u>J. St. Dawson</u>	How related to deceased <u>son</u>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>	How long <u>3 years</u>
	Immediate <u>"</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. F. Somers</u>
Address <u>Briarfield Md.</u>		
Accident or Suicide? <u>No</u>		



Name
in
Full

Hister Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Kingston	Somersel-			
Date of death	Month	Day	Years	Months	Days
1906	March	19	about 80	—	—
Sex	Female	Color or Race	Black	Birth-place	Wicomico Co
Occupation	Servant	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	—				Father's Birthplace
Mother's Maiden Name	—				Mother's Birthplace
Name of person giving information	Horace Williams				How related to deceased
None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia

93

How long One week

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

G. E. Dickinson
Upper Fairmount
Md.

Address

Accident or Suicide?

For W. O. andy

Name
in
Full

Samuel L. Tull

CERTIFICATE OF DEATH

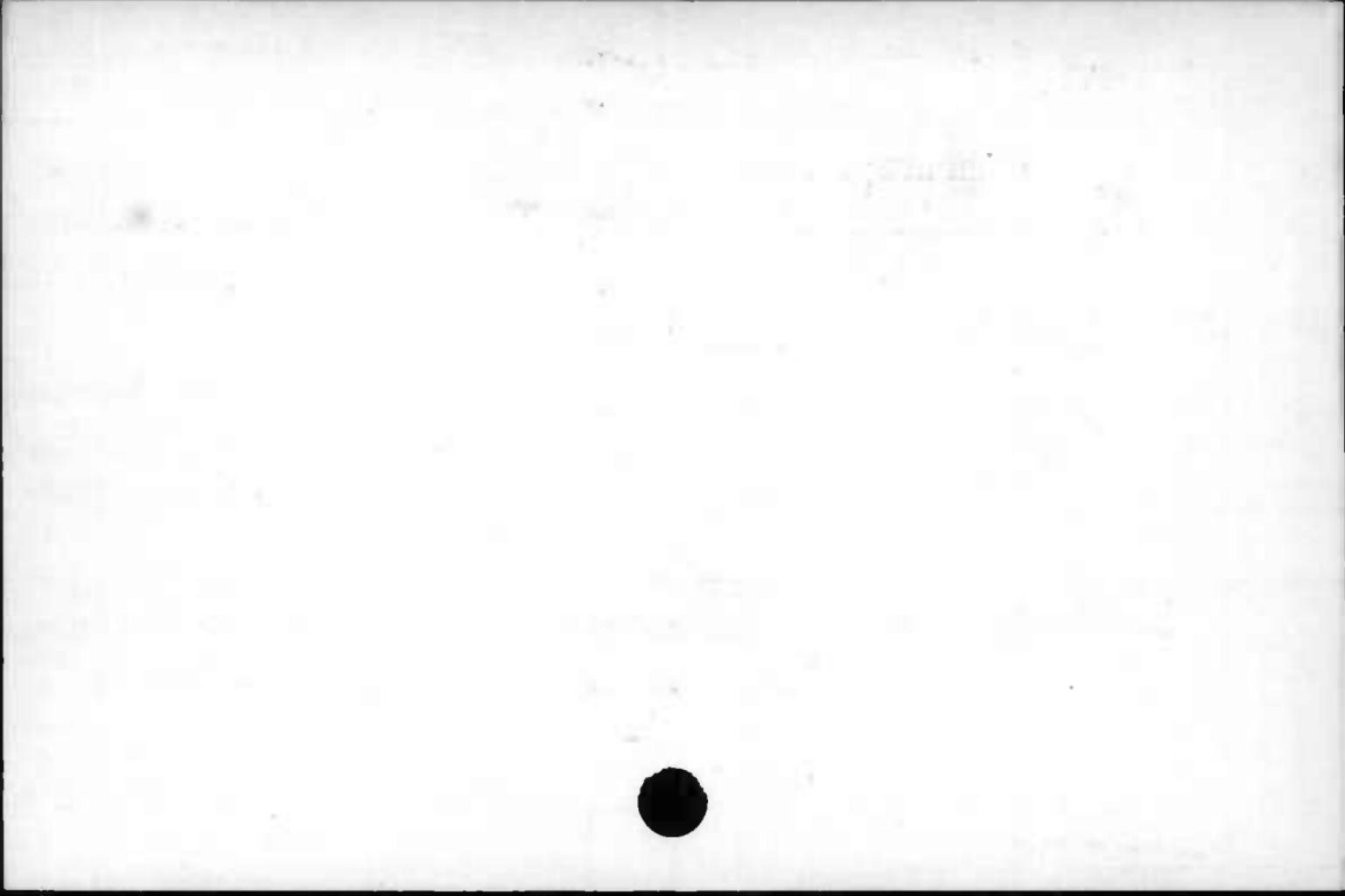
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Marion Md
Occupation	Retired Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Sam Tull		Father's Birthplace	Marion Md	
Mother's Maiden Name	Caroline Miller		Mother's Birthplace	Marion Md	
Name of person giving information	Elisha J. Gandy		How related to deceased	Brother in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long	3 years
Immediate	Paralysis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. F. Tull
Yes		Address	1015 Field Rd
Accident or Suicide?			



Name
in
Full

Mary Elizabeth Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	Where Residing if not at place of death		Birth- place		
Occupation	Housekeeping		Dale Island		Dale Island		
Widow or Widowed	Catered		Dale Island		Dale Island		
Father's Name	John Fletcher		Dale Island		Dale Island		
Mother's Maiden Name	Mary Elizabeth Farnsworth		Dale Island		Dale Island		
Name of person giving Information	Mary Fletcher		Dale Island		Dale Island		

PHYSICIAN
OR CORONER

CAUSE OF DEATH

Primary

Pneumonia



How long

5 years

Immediate

Pyrexia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

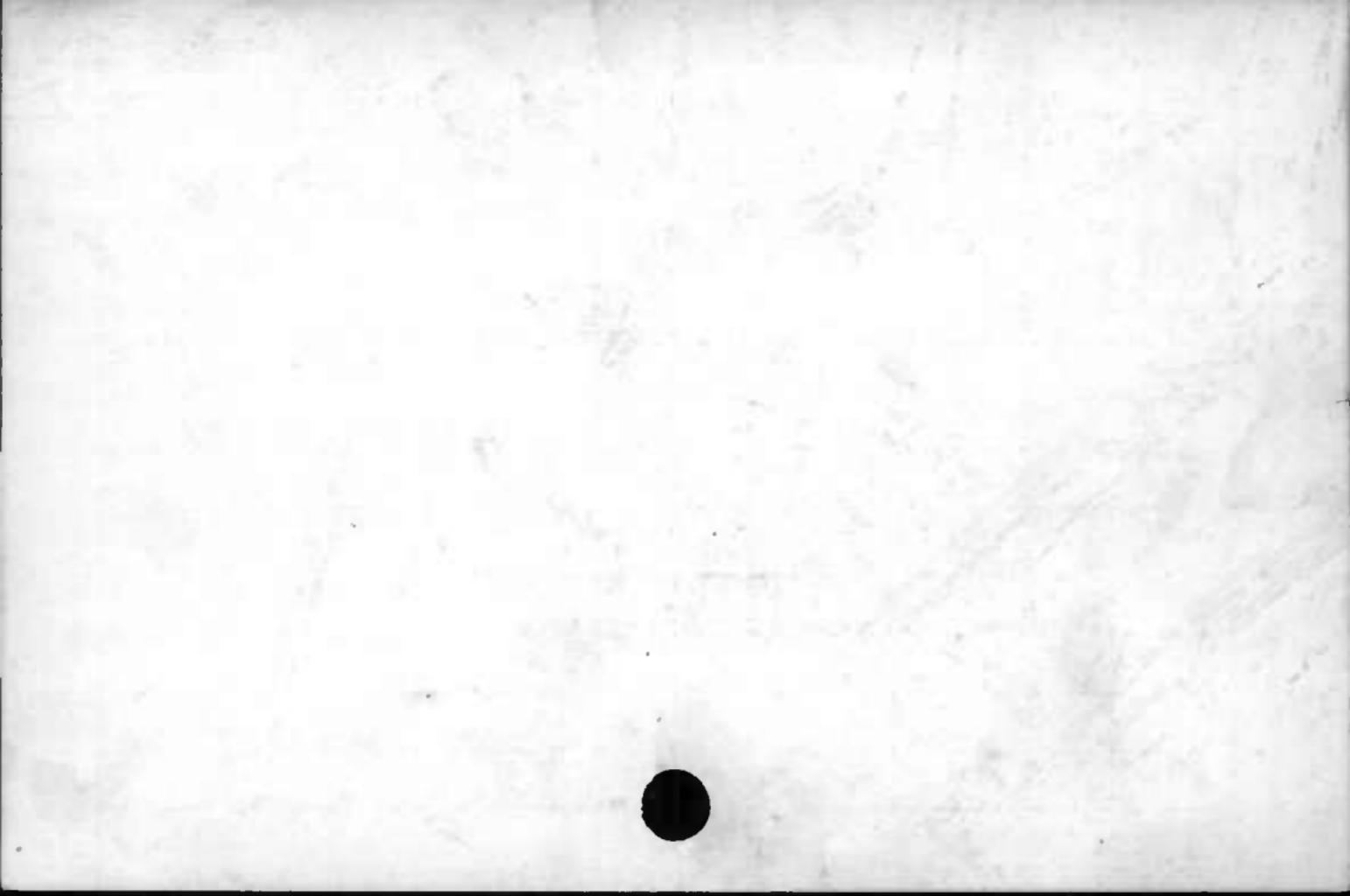
yes

Signature of
Physician

Address

R. G. Alexander
Baltimore Co.

Accident or Suicide



Name
in
Full

John R Wise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Oriole	Somerset			
Date of death 1906 March 28	Day	Years	Months	Days
Age 73				
Sex Male	Color or Race Colored	Birth-place Virginia		
Occupation Laborer	Where Residing if not at place of death Oriole			
Married, Single or Widowed	Name of Wife or Husband Annie Wise			
Father's Name William Wise	Father's Birthplace Virginia			
Mother's Maiden Name unknown	Mother's Birthplace "			
Name of person giving Information John R Wise	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mitral Insufficiency

(n)

How long

?

Immediate

Asthma

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry M. Stanford MD
Princess Anne
Md

Accident or Suicide?

No

$$\begin{array}{r} 15 \\ 8 \\ \hline 200 \\ 223 \\ \hline 287 \\ \hline 3.10 \end{array}$$

$$\begin{array}{r} 87 \\ 16 \\ \hline 182 \end{array}$$

Dr. Larkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Nebr	3	48			
Sex	Male	Color or Race	Black	Birth place	Concord City	
Occupation	Oyster Fisher		Where Residing if not at place of death	/		
Married, Single or Widowed	Married	Name of Wife or Husband	Priscilla Wine	/		
Father's Name	John Krum		Father's Birthplace	/		
Mother's Maiden Name	John Krum		Mother's Birthplace	/		
Name of person giving Information	Priscilla Wine		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary



How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Sept 1906
John Krum
Concord City
Oyster Fisher
Cause of Death
Accident

